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 Web Site: www.wutc.wa.gov

COMMON CARRIER OF PROPERTY

(excluding Household Goods carriers and Brokers)

APPLICATION FOR CHANGE OF NAME OR BUSINESS STRUCTURE

FEE: \$50.00

Application for Change of Name or Business Structure may be used **ONLY** in the following circumstances:

- Changes of carrier's name, with no change in ownership or business structure.
- Change of business structure from individual to corporation to incorporate an individual's business when the individual is the majority stockholder or, by an individual to a partnership, when the individual is the majority partner or, from a corporation to a proprietorship of the majority shareholder or, by a partnership to a proprietorship of the majority partner.
- Change of name resulting from a change in business structure from a partnership to a corporation established to incorporate the partnership business, when the partners are the majority stockholders in the same proportionate ownership.
- Change of name resulting from a change in business structure from a corporation to another corporation where both corporations are wholly owned by the same stockholders in the same proportions.

TYPE OF PAYMENT

Cash
 Check
 Money Order
 AMEX
 MasterCard
 Visa
 Exp Date
 Credit Card Information (if applicable) Month/Year

Amount \$ _____ COMPANY NAME: _____

CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid.

Cardholder's signature: _____ Date _____

For Commission Use Only

111-2068-200-02	Received date:	ID:
		Insurance:

Holder of Permit CC-_____ asks the UTC for authority to change the name of or the business structure of the carrier named below under 81.80 RCW and WAC 480-14 to:

NEW BUSINESS INFORMATION

New Name:	Phone #:
Trade Name:	Fax #:
Mailing Address:	Physical Address: (if different)
Street/P.O. Box	Street
City, State Zip	City, State Zip

USDOT # _____ *(If you don't have one, you can apply online at www.fmcsa.dot.gov/online-registration or contact 360-596-3816 or 360-596-3803 for assistance.*

Unified Business Identifier Number (UBI): _____

Individual Partnership Corporation – State of Incorporation _____
(LP, LLP, LLC)

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>PERCENTAGE OF SHARES</u>
_____	_____	_____	_____
_____	_____	_____	_____

CURRENT BUSINESS INFORMATION

Current Name:	Phone #:
Trade Name:	Fax #:
Mailing Address:	Physical Address:
Street/P.O. Box	Street
City, State Zip	City, State Zip

Individual Partnership Corporation (LP, LLP, LLC) State of Incorporation _____

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>PERCENTAGE OF SHARES</u>
_____	_____	_____	_____
_____	_____	_____	_____

CERTIFICATION: Carrier affirms that the change of name or business structure does not involve a change in ownership, management, or control of the operating authority. The undersigned applicant requests that the Commission enter an order granting its petition as provided in 81.80 RCW.

I certify or declare under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct.

Signature(s) _____
Date